

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>70571</i>	<i>3/30</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>OP</i>	<i>710996</i>	<i>9/10</i>
RESPONSE FORMALITY REVIEW			

*09/533381*

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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